The Children's Hospital

Ladywood Middleway Ladywood Birmingham B16 8ET
021-454 4851 Ext: GRO-C

Please reply to: Haematology Your ref: Our ref: FGHH/GSO/C 280380

6th February, 1979.

Dear Dr. Aronstam,

re: GRO-A - GRO-A
d.o.b. GRO-A 65.

This boy has severe haemophilia with a FACTOR VIII level of 0%. Since 1971 his management has been complicated by the presence of inhibitors to Factor VIII. Levels of inhibitors have fluctuated since that time and when he has been given replacement therapy the level has always risen. Because of this replacement therapy has been withheld unless there has been life threatening haemorrhages. Haemarthroses have been treated symptomatically with immobilization and analgesics. Partly as a result of this treatment policy he has developed flexion deformaties of his left knee and this has been partially corrected by traction and physiotherapy in June of last year. In addition to these problems he is sometimes incontinent of urine at night and only avoids this during the day by micturating frequently. This problem arose after he had an intraspinal haemorrhage in 1973. Obviously this was difficult to treat because of his inhibitors and he developed severe quadriplegia. He recovered full use of his arms but had persistent mild upper motor neurone signs in both legs, the left leg being more spastic than the right. In June of 1977 GRO-A slipped in the playground at school and hit his head and then some days later developed nausea, persistent headaches. It was suspected that he had had an intracranial haemorrhage and so he was infused with large doses of Factor VIII concentrate. Despite this he lost consciousness and was transferred to the Oxford Haemophilia Centre for further investigations and treatment. He made a good recovery following this.

His mother manages most of his bleeds conservatively at home and for the most part she copes very well with him. It does however mean that she devotes most of her life to looking after GRO-A and has become increasingly over protective to try and spare him as many bleeds as possible. GRO-A for his part is a very cheerful boy who complains very rarely. Because of repeated bleeds he has been unable to attend school on a regular basis for some time and has a home tutor on a few half days of the week. He has been trying to go to school for an afternoon per week to do some science and I have suggested that they should try to increase his school attendance. Unfortunately this has not been possible because when he goes to school he inevitably slips over and has a further blood. GRO-A asked when I saw him at my clinic fairly recently if there was any possibility for him going to Lord Mayor Treloar School.

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Dr. A. Aronstam,
Consultant Haematologist,
Director - Haemophilia Centre,
Lord Mayor Treloar Hospital ,
Alton,
Hampshire.

Dr. A. Aronstam

6th February, 1979.

I discussed this with his mother and she also said that it might be the answer for GRO-A because he would probably get a higher standard of education and there would be someone near at hand to cope with his haemophilia problems. I think that GRO-A would most certainly benefit from the educational point of view and from the social aspects as well. I think he would enjoy being with other boys who also have haemophilia and would not feel quite so alone with his dilemma.

Is there any possibility that you would be able to take him?

Yours sincerely,

GRO-C

Dr. F.G.H. Hill
Consultant Haematologist

c.c. General Practitioner
Specialist in Community Medicine (Child Health) - Dr. J. Cash